

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **46490**  
**11714**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>Jefferson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		c. LENGTH OF STAY (in this place) <b>4 Days</b>		c. CITY OR TOWN <b>Waltonville</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis Childrens Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>Route #1</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>William LeRoy</b> b. (Middle) <b>Wilson</b> c. (Last) <b>Wilson</b>				4. DATE OF DEATH (Month) (Day) (Year) <b>12-5-57</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, <del>WIDOWED</del> , <del>DIVORCED</del> (Specify)		8. DATE OF BIRTH <b>Sept. 21, 44</b>	
9. AGE (In years last birthday) <b>13 yrs.</b>		10. UNDER 1 YEAR Months Days		11. UNDER 1 HRS. Hours Min.		9. AGE (In years last birthday) <b>13 yrs.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Waltonville, Illinois</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Vincent Franklin Wilson</b>				13b. MOTHER'S MAIDEN NAME <b>Mildred Harrison</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>June Mansfield 500 S. Kingshighway</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>undifferentiated cerebrovascular accident</b>				ANTecedent CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Undifferentiated metastatic carcinoma</b> DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>199.9</b>				19. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>12-1</b> , 19 <b>57</b> , to <b>12-5</b> , 19 <b>57</b> , that I last saw the deceased alive on <b>12-5</b> , 19 <b>57</b> , and that death occurred at <b>10:45 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>D.L. Thurston M.D.</b>				23b. ADDRESS <b>Childrens Hospital</b>		23c. DATE SIGNED <b>12-6-57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>12-6-57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Waltonville</b>		24d. LOCATION (city, town, or county) (State) <b>Ill.</b>	
DATE REC'D BY LOCAL REG. <b>DEC 6 57</b>		REGISTRAR'S SIGNATURE <b>Earl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Thom Fry Jr Waltonville</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Frank Prohoff*

Licensed Embalmer No. *435*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.